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28 February 1958

GENERAL INFORMATION ON THE MEDICAL SERVICES OF THE HUNGARIAN ARMY

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Summary: This report contains information on the organization and operation of the medical services in the Hungarian armed forces. Also included is limited information concerning the procurement of medical officers, military sanitation and hygiene, training policies for medical officers, disease control and morale factors in the Hungarian army.

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ARMY review completed.

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GENERAL INFORMATION ON THE MEDICAL SERVICES OF THE HUNGARIAN ARMY

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Introduction

This report contains [redacted] information on the medical services of the Hungarian army. [redacted]

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Listed below are the names and geographical coordinates (UTM where available) of locations used throughout this report.

BALATONFÜRED (N46-57, E17-52)(UTM YN-1804)
BALATONKENESE (N47-02, E18-06)(UTM BT-8013)
BALATONLELLE (N46-47, E17-42)(UTM YM-0684)
GENCSAPÁTI (N47-17, E16-35)(UTM XN-4677)
GYÖR (N47-41, E17-38)(UTM XN-9884)
KECSKEMÉT (N46-54, E19-41)(UTM DS-0095)
MÁTRAHÁZA (N47-52, E19-59)(UTM DU-2302)
MISKOLC (N48-06, E20-47)(UTM DU-8428)
SZÉKESFEHÉRVÁR (N47-12, E18-25)(UTM CT-0430)
TÖRÖKBÁLINT (N46-26, E18-55)(UTM CT-4255)

A. ORGANIZATION OF THE MEDICAL SERVICES

1. Medical Group Directorate of the Ministry of Defense

This directorate was directly subordinate to the Chief of Rear Services of the Ministry of Defense, and was responsible for the supervision and administration of medical service of the Hungarian Army. (See Annex A for [redacted] the organization of the Medical Group Directorate, and legend to Annex A for [redacted] information on the various departments of the Medical Group Directorate.)

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2. Medical Department of the Fourth Field Army

[redacted] this medical department was organized and functioned similar to the medical department of corps, which is explained in paragraph A,3 below. In addition, the army surgeon exercised supervision over field hospitals, convalescent centers, and army evacuation hospitals and units. [redacted]

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3. Corps Medical Section

Medical Section of Corps Headquarters consisted, according to TOE, of a Chief Surgeon (colonel), Assistant Chief Surgeon (lieutenant colonel), and a statistician (SFC). The functions of the Corps Surgeon's Office was primarily administrative, submitting medical statistical reports, control of medical

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personnel assigned to Divisions and other subordinate medical units, and advising the Corps Commander on medical matters. Staff supervision of the Corps Surgeon was exercised by the Corps' Rear Services Chief. Supervision of the Corps Rear Services was exercised by the Chief Rear Services, Group Directorate of the Ministry of Defense. [1]

4. The Veterinary Corps

The Veterinary Corps of the Hungarian army was abolished in February 1956 in conjunction with the mechanization of the armed forces. Services previously performed by veterinarians such as inspection of meat and treatment of pets became the responsibility of medical personnel assigned to military units and hospitals. following the abolition of the Corps, its personnel were separated from the service. 25X1

5. The Dental Corps

The Dental Corps was an integral part of the Medical Corps. Dental facilities were normally available at military hospitals and at units down to and including regiment and separate battalion. However, because of shortages of dental personnel, regiment and separate battalion commanders were authorized to contract for local civilian dental services. under field conditions, it was a normal practice, when necessary, for the Regimental Surgeon (not a dentist) to render emergency dental treatment to patients. 25X1

Dental prostheses were available but were of poor quality material and workmanship, and officers were compelled to pay for their prostheses. Officers were afforded the opportunity to select dental materials such as gold or silver for crowns and fillings. Enlisted personnel had no choice other than to accept materials of the lowest quality since the services were free to them.

B. EVACUATION OF CASUALTIES UNDER TACTICAL CONDITIONS (See Annex B) 25X1

during maneuvers, the system of evacuation of casualties within a Hungarian rifle division. The evacuation involved four echelons as follows: 25X1

1. Company Casualty Collection Point

This was the first step in the evacuation system. Litter bearer teams consisting of a medical NCO and two medical aid men, organic to the company, collected the wounded on the battlefield and carried them to a designated point where first aid was administered. each aid man was equipped with a first aid kit which contained sterile dressings, adhesive band aids, antiseptics and atropine and morphine injection syrettes. blood transfusions were not administered at this point. the official policy relative to battle casualties was "to save life at all costs". 25X1

2. Battalion Aid Station

The function of the Battalion Aid Station was to render more extensive first aid and to consolidate casualties for further evacuation. A medical team from the Battalion Medical Platoon, consisting of one NCO (feldsher), two aid men and one ambulance driver evacuated the casualties from the casualty collection points to the Battalion Aid Station. The 3/4-ton ambulance was equipped to transport six litter patients. Shelter for 30 patients at the aid station consisted

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of two tents. One served as ward tent (4 m x 3 m) and was used as a treatment room. The TOE did not provide a doctor at this level but did authorize an officer to supplement the medical team mentioned above. 25X1 25X1 the Battalion Aid Station was equipped to provide blood to casualties.

3. Regimental Aid Station

A medical squad from Ambulance Platoon of Regimental Medical Company evacuated the casualties from Battalion Aid Station to the Regimental Aid Station. On duty at this level were one surgeon and two assistants. The Regimental Aid Station was equipped to perform minor surgery and administered blood transfusions. a small diagnostic laboratory was also available here. This 25X1 station was capable of providing temporary hospitalization for patients who were expected to return to duty within three or four days. Cases requiring extensive and/or specialized treatment were evacuated to the rear. Types of tentage facilities available at this level were unknown.

4. Division Aid Station

Facilities at Division Aid Station permitted more extensive care and treatment of casualties. the Division Aid Station consisted 25X1 of four or five large ward tents, each with a capacity of approximately 40 beds. Several other large tents were provided, 25X1

Patients who were expected to return to duty within 8 or 10 days were held here. More serious cases were further evacuated to field hospitals located in army area. Medical personnel from ambulance companies assigned to army were responsible for the evacuation. helicopters were not used to 25X1 evacuate patients.

C. PEACETIME MEDICAL SERVICES

1. Regimental Dispensary

Peacetime medical service in the Hungarian army began at the regimental or separate battalion dispensaries. Normally one such dispensary was established to service all troops located within a particular casern or garrison. The fact that this was a regimental dispensary did not indicate that it serviced only a regiment. This dispensary was staffed by medical personnel from all the units serviced by this dispensary, under the supervision of the senior medical representative. Each unit's medical records were maintained by its own medical personnel.

This dispensary was equipped and staffed to provide out-patient service to the participating units, and to perform minor operations. In addition, this dispensary had facilities for in-patient treatment of non-serious injuries or diseases. Usually a patient would not be held at this dispensary if his illness or injury prevented his return to duty within two weeks.

Diagnosis of cases was conducted at this dispensary if qualified personnel were available. If a diagnosis was possible and the case could not be treated by the dispensary, the patient was referred to the military district dispensary. Normally, if the personnel at the regimental dispensaries could not diagnose a case, the patient was referred directly to the nearest military hospital.

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2. Military District Dispensary

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one such dispensary was located in each military district, and served all military units located in that district.

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3. Military Hospitals

Military hospitals were established in various points in Hungary to handle all cases which could not be handled by lower level military medical facilities. All these hospitals were directly subordinate to the Ministry of Defense. Military hospitals included:

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Officers' Hospital in BUDAPEST

Central Military Hospital in BUDAPEST

Military Hospital in KECSKEMÉT

Military Hospital in SZEGED

Military Hospital in PÉCS

Military Hospital in DEBRECEN

Military Hospital in MISKOLC

Military Hospital in SZÉKESFEHÉRVÁR

Military Hospital in GYÖR

Air Force Hospital in BUDAPEST

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D. MILITARY MEDICAL PERSONNEL DATA

1. Reserve Personnel

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90 percent of civilian medical school graduates were commissioned in the reserve. The remaining 10 percent were not given commissions because of political unreliability, physical defects and other reasons; they were appointed reserve medical NCOs

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Female personnel graduating from civilian medical schools were commissioned only on a voluntary basis. It was mandatory that individuals remain in the reserve until they had attained their 51st birthdays. Normally, individuals were initially commissioned in the grade of lieutenant. In a few cases, persons with high academic standing in medical school and exceptional political reliability were granted commissions in the grade of senior lieutenant. Members of the reserve were not assigned to reserve units while on inactive status. The administration of the inactive reserves was accomplished by the local draft boards. During peacetime, it was mandatory that each reserve member receive, every three to five years, up to one year of active duty training with military units and hospitals.

2. Procurement of Medical Doctors

Doctors were ordered to active duty from the reserves to meet existing requirements. The ratio was approximately one doctor per 500 military personnel.

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[redacted] the needs of the military for doctors took precedence over needs of the civilian population. Only in exceptional cases were doctors, who were earmarked for military service, permitted to remain in private practice in districts where a critical need for their services existed. [redacted] numerous instances in which the pleas of prominent civilians for the services of doctors had been refused. Local draft boards received levies for doctors from the military, and to fill the levies, volunteers for active duty were given first consideration. The criteria for selection of doctors for active duty was political reliability, age, professional ability and physical condition. If the number of volunteers did not meet the requirements, the draft boards could order doctors to active duty for an indefinite period.

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3. Training

a. Medical Doctors

[redacted] there were no training centers or schools for training military doctors. The doctor, when called to active duty for the first time, was required to spend six months at a military hospital and six months with the medical unit of a troop unit during the first year of active duty. This constituted the military training of medical doctors.

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b. Medical Service Officers or Feldshers

[redacted] no separate service existed for the purpose of medical administration and supply, but that personnel were commissioned as feldshers to handle medical affairs not requiring the services of a doctor. These personnel participated in the medical service course conducted at the Ságvári Endre Rear Services School in BUDAPEST. Students were selected from the enlisted ranks on the basis of voluntary application by individuals, or by the impartial assignment of individuals who had volunteered for officer training at other officer candidate schools. Basis of assignment to a candidate school depended on the school quotas and number of applications for attendance at the various schools. Graduates of the medical service course were commissioned as junior lieutenants in the medical corps. [redacted] a medical service officer [redacted] could not attain a grade higher than major.

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c. Enlisted Medical Personnel

During the classification phase of the induction procedures, inductees or recruits were selected for medical training if they possessed medical aptitude or prior medical experience. The selected personnel, after completion of regular basic training, were assigned to regimental medical units for training in basic medical subjects, to qualify them as aid men. There was no established school or training center for the training of aid men. Advanced training for aid men and medical NCOs was conducted at periodic training schools established at division, corps or army level. [redacted]

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E. PREVALENCE OF DISEASES AND CONTROL MEASURES

1. Diseases

[redacted] the health of personnel in his division was good. Influenza was the most common disease. A high rate of psychiatric disorders (nervous breakdowns) existed among the officer personnel. Tuberculosis was the most disabling disease in existence. During the summer months, dysentery

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and typhoid occurred frequently. There were a few cases of typhus and helminthiasis. Venereal diseases presented a minor problem. The official VD rate was low, but the statistics did not reveal a true picture since infected individuals arranged for private treatment and thus failed to report incidence of the disease to the military authorities. The standard treatment for gonorrhea was penicillin and silver nitrate. No disciplinary action was taken against individuals with VD because of the possibility of encouraging private treatment. [redacted] prostitution was rare in Hungary (brothels were practically non-existent) and that apprehended prostitutes were punished by the courts. [redacted] it was mandatory that each soldier going on pass carry with him a prophylactic kit. Kits were issued by the individual's unit and were also available in post exchanges.

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2. Immunizations

Military authorities were very strict in enforcing immunization regulations. [redacted] "about the only way to avoid taking a shot was to be a personal friend of the doctor" and "they kept after a man until he had taken his shot". The following immunizations were administered:

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On initial entry into military service:

Typhus, given in an unrecalled series of injections.

An injection against various communicable diseases. [redacted]

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A tuberculosis antigen.

An injection against dysentery.

[redacted] there have been others of which he had no knowledge. Boosters of the above immunizations were given annually.

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3. Mortalities

a. Deaths caused by accidents and suicides were 3 per 1,500 troops per annum.

b. Deaths caused by diseases were 4 per 1,500 troops per annum. [redacted] "in the event five deaths occurred in any regiment during a calendar year, the regimental commander was relieved on the spot".

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F. PHYSICAL DISABILITY SEPARATION POLICY

1. Medical Board

A medical board of supervisors operated at military hospitals to evaluate patients whose separation from active military service for physical disability had been recommended. [redacted] this board took action only in case of outright discharge from the service and that this board was the final authority in effecting medical discharges. An officer with less than 75 percent disability had the option of discharge from the service or remaining on active duty in a limited service capacity, while an enlisted man with a 50 percent disability was forced to be separated from the service. In case of discharge of officers, the individual concerned received a pension of no less than 75 percent of the base pay of the rank he held at the time of discharge. [redacted] of pensions received by enlisted personnel discharged for disability.

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2. Civilian Board

A civilian board, called "Trades Union Social Insurance Center" 25X1
located in BUDAPEST, which was primarily concerned with administering the group life insurance and free medical care program for the entire country, processed all cases which involved separation from the service and subsequent compensation. To qualify for disability compensation, officers had to have at least 75 percent disability and enlisted persons at least 25X1
50 percent disability. A standard system for rating disabilities did exist 25X1
the fact that persons with TB never received less than 75 percent. The civilian board forwarded disability cases to the Ministry of Health for final action. Persons dissatisfied with final decisions were permitted to file rebuttals to the Equality Board which was under the Ministry of Justice, and to sue through normal court procedures. Persons with permanent physical disability had no further military obligation. Individuals who were retired temporarily for physical disability, depending on the nature of sickness or injury, had to undergo a medical examination semi-annually or annually. Three years was the maximum retention period for individuals with temporary disabilities. At the termination of the three-year period, the individual had to be either permanently retired or ordered back to active duty for the completion of his term.

G. MORALE FACTORS AMONG MILITARY PERSONNEL

1. Building Good Morale

The need for high morale was constantly emphasized. The reason for this emphasis was that "American imperialist forces, together with their puppet Tito government, stand ready to invade our country, and low morale would be very detrimental to the defense of our country. It is a soldier's duty to have high morale". Commanding officers offered as rewards for "good performance of duty" such things as beer parties, musical entertainment in mess halls, and invitations to girls' schools to provide entertainment, dances, and parties.

2. Use of Alcohol

between 20 to 30 percent of officer and NCO personnel drank moderately and an additional 5 percent drank to excess. The main cause for drinking was anxiety over personal problems, overwork and the constant injustices and harassment. Alcoholism was prevalent among military personnel and constituted a problem. Alcoholics constituted one percent of the total army. To combat alcoholism, the primary measures taken were disciplinary action and elimination proceedings. The division commander was vested with the authority to effect discharge of NCOs while officers were referred to the Ministry of Defense for elimination approval. In no case were individuals ever referred to medical treatment facilities for possible rehabilitation. 25X1

3. Military Hygiene

a. Utilization of Sanitary-Epidemiological Detachments

The only known Sanitary-Epidemiological Detachment was the division hygienic platoon which was part of the division medical battalion. 25X1
Source believed that the platoon's main function was to disinfect areas within the division. During maneuvers, he observed members of the platoon using small pumps to spray swampy areas with DDT.

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b. Methods of Sanitary Control

(1) Barracks

In garrison, troops were quartered in two or three-story brick barracks. Ordinarily, three square meters of space per individual were allowed. The practice, however, was to place two individuals in the area normally allocated for one. Total floor space was unknown, but approximately 150 to 200 individuals were assigned to one floor. Heat was furnished by two coal stoves. The maximum room temperature permitted was 18 degrees centigrade. 25X1 during winter months, the temperature often dropped to minus 5 degrees centrigade because of fuel shortages. Ventilation was obtained by opening windows. hot water was only available every 10 days; therefore, if an individual desired a bath more frequently, cold water had to be used. Medical and kitchen personnel (cooks) were quartered separately and hot water was available to them for daily baths. Laundry was sent to local facilities (at government expense) every ten days. If the local facilities did not suffice, the quartermaster made arrangements with local washer women for the washing of clothing. bed linen and winter underwear were washed once each 25X1 month.

(2) Field

Shelter furnished troops under field conditions consisted of three types: (a) Two individuals placed their canvas shelter halves together, thus providing shelter for two individuals; (b) Canvas squad tents with a capacity of 8 to 12 men (used by corps and army personnel); and (c) Canvas tents with capacities of approximately 40 personnel each (used by divisional personnel). The squad tent was equipped with one stove and the large tent with three stoves. Leaves, woods, and other rubbish found by the soldiers were utilized for fuel.

During field exercises, slit trenches were used for toilets. After use of slit trench, the individual was instructed to cover his feces with earth. If the unit occupied an area for long periods, toilets were built and lime was used as a disinfectant.

Drinking water was always purified by using chlorine. A regiment was provided with one tank truck (capacity 3,000 liters) and one rubber storage tank of unknown capacity. the water was examined by medical personnel to determine its potability. 25X1 tests were made to determine total bacterial count and the presence of any coliform bacteria. Regulations prohibiting drinking of untreated water were strictly enforced.

COMMENT:

1. For information relative to Division medical organization, 25X1 "Authorized TOE of the 32d Rifle Division".

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Annex A

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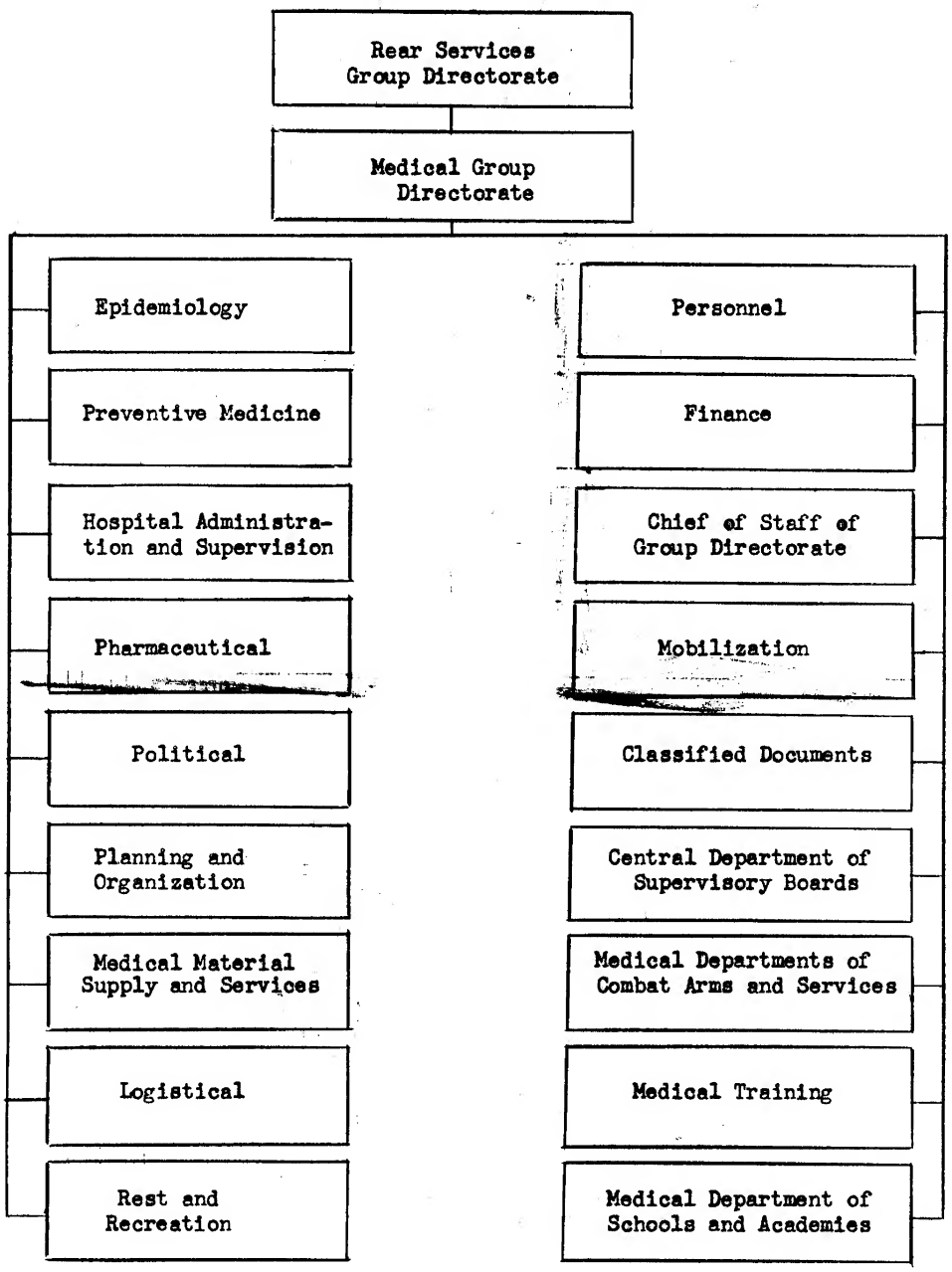
THE ORGANIZATION OF THE MEDICAL GROUP DIRECTORATE OF THE MINISTRY OF DEFENSE



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Legend to Annex A

Epidemiology Department

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Preventive Medicine Department

Hospital Administration and Supervision Department was responsible for the supervision and administration of all military hospitals of the Defense Department. no further information. (See paragraph C, sub-paragraph 3 for list and location of military hospitals)

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Pharmaceutical Department

Political Department was responsible for political indoctrination affairs of the Medical Group Directorate.

Planning and Organization Department

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Medical Material, Supply and Services Department was responsible for the procurement and storage of medical supplies. The Central Medical Supply Depot in BUDAPEST was directly subordinate to this department.

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Logistical Department (Source had no information on organization or function of this department.)

Rest and Recreation Department was responsible for the supervision and administration of military rest and convalescent centers and sanitoriums. were located at TÖRÖKBÁLINT, MÁTRAHÁZA, BALATONKENESE BALATONLELLE, BALATONFÜRED and GENCSAPÁTI.

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Personnel Department was the administrative section of the Medical Group Directorate personnel.

Finance Department was responsible for budgeting and financial matters of the medical services.

Chief of Staff of Group Director coordinated the various departments within the Medical Group Directorate.

Mobilization Department was responsible for medical services mobilization matters.

Classified Documents Department handled and controlled classified material.

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Legend to Annex A
(Continued)

Central Department of Supervisory Boards was the final authority on rulings pertaining to separation from the service for physical disabilities.

Medical Departments of the various combat arms and services. Each arm and service had a medical department located at the arm or service Group Directorate headquarters which was responsible for the supervision and administration of medical services within their respective arm or service.

Medical Training Department supervised and administered the training of doctors, non-professional medical personnel, and the training of medical service officers at the Ságvári Rear Services School in BUDAPEST.

Medical Department of Schools and Academies was responsible for the supervision and administration of medical services to personnel of the various service schools and academies in Hungary.

Annex B

THE CASUALTY EVACUATION SYSTEM IN THE HUNGARIAN ARMY UNDER TACTICAL CONDITIONS

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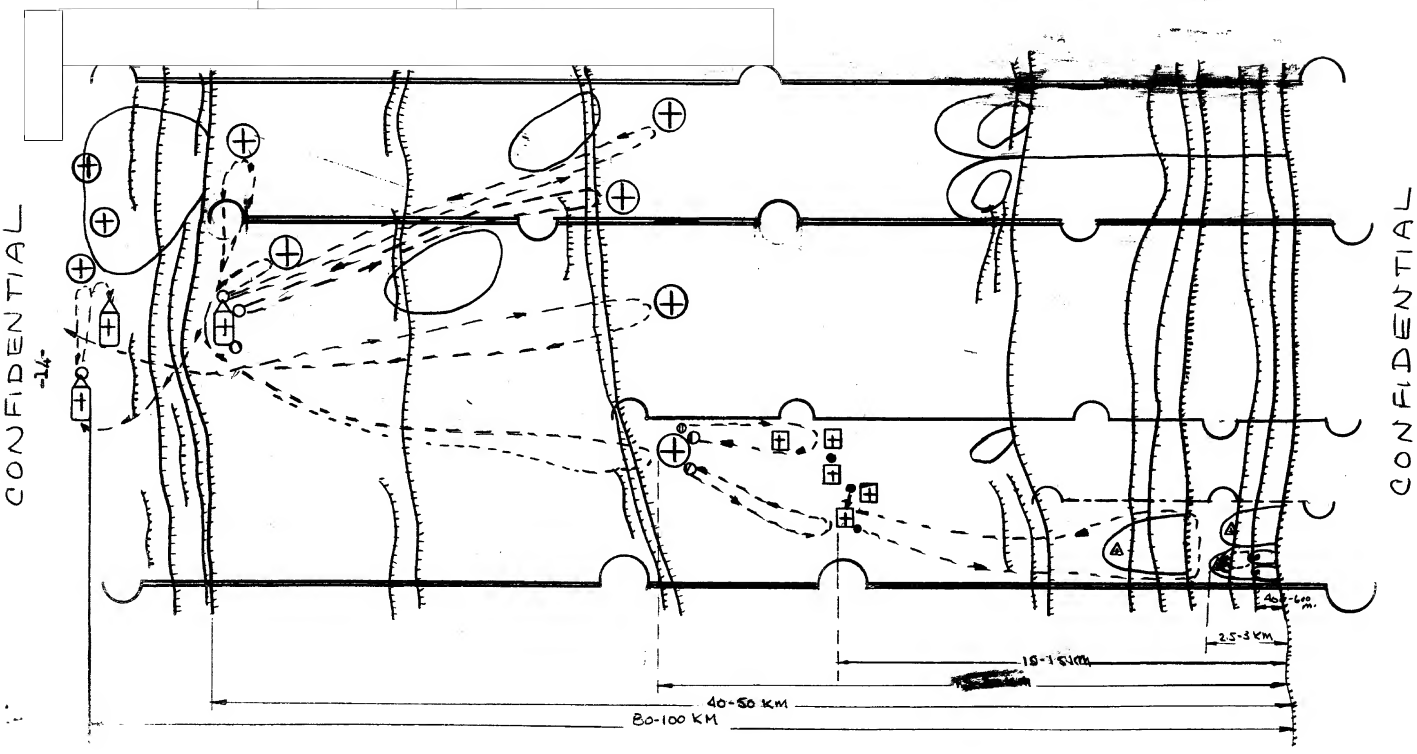

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Legend to Annex B

Battalion Aid Station

Regimental Aid Station

Division Aid Station

Army Field Hospitals

Army Evacuation Hospitals

Data on chart indicates approximate locations of Battalion Aid Stations, Regimental Aid Stations, Division Aid Stations and Army Hospitals and Army Evacuation Hospitals under tactical conditions in defense. Distances indicated are estimates only.

Dotted line indicates route of casualty evacuation.

The evacuation of casualties from aid stations under combat conditions is the responsibility of the next higher medical service.

Corps do not have any operational medical service whatever; therefore, the divisional medical services are directly subordinated to the Army Medical Service.

In the attack phase of tactical operations, all data indicated on the chart pertaining to medical service and casualty evacuation is identical as indicated with the exception that the distance of hospitals and medical aid stations are one-third less than indicated on chart.

Not indicated on the chart of evacuation, but standard policy within the Hungarian army, was the fact that ammunition vehicles delivering ammunition to regimental-sized units from the Ammunition Supply Points were responsible for evacuation of casualties on their return trips from the units to which ammunition was delivered, directly to army hospitals, thus by-passing the divisional aid stations which were in the Medical Service chain.

The same system held true with ammunition vehicles delivering ammunition from divisional ammunition supply points to the organic battalions. These vehicles on their return trips would be responsible for the evacuation of casualties from the battalions directly to the divisional aid stations, by-passing the regimental medical link.